I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

	 	 ••	••	•					

DOCUMENT# L10000112646 Entity Name: ANLTP ALL INSURANCE COMPANIES SERVICES LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11250 66TH ST NORTH PINELLAS PARK. FL 33773

Current Mailing Address:

11250 66TH ST NORTH 10 PINELLAS PARK. FL 33773

FEI Number: 90-0629429

Name and Address of Current Registered Agent:

PHAN, TINA 11250 66TH ST NORTH LARGO, FL 33773 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM Name PHAN, TINA M Address 11250 66TH ST NORTH City-State-Zip: LARGO FL 33773

Apr 21, 2015 Secretary of State

Certificate of Status Desired: No

SIGNATURE: TINA PHAN PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED CC5402415561

04/21/2015

Date